

Case Number:	CM14-0066787		
Date Assigned:	07/11/2014	Date of Injury:	04/30/2012
Decision Date:	08/13/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45 year old subject who sustained a work-related injury on 4/30/2012. Subsequently, the patient developed with chronic back pain. The patient MRI of the lumbar spine demonstrated mild L5-S1 disc bulging. The intensity of the patient lower back pain was 8/10 and was radiating to the right hip and thigh, leg and foot. In addition the patient was complaining of cramping and numbness. His physical examination demonstrated the lumbar tenderness with reduced range of motion, weakness of the left knee flexors and extensors and left tibial anterior. There is decreased sensation over the left L5-S1 dermatoma. The patient EMG (Electromyography) and nerve conduction studies were consistent with moderate acute L5-S1 radiculopathy on the left. The patient was treated with the Norco, Anaprox, Neurontin and topical analgesics without full control of the pain. The provider requested authorization for TENS (Transcutaneous Electric Nerve Stimulation) rental for 30 days and a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS (Transcutaneous Electric Nerve Stimulation) rental for thirty (30) days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulator).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality for low back pain, but a trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Therefore, the request of TENS (Transcutaneous Electric Nerve Stimulation) rental for thirty (30) days is not medically necessary and appropriate.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG-TWC, Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the request to purchase lumbar brace is not medically necessary.